



*Commonwealth of Massachusetts
Health Care Quality and Cost Council
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JUDYANN BIGBY, M.D.
Chair

KATHARINE LONDON
Executive Director

**Health Care Quality and Cost Council
Meeting Minutes**

Wednesday November 21, 2007

1:00 – 3:00 p.m.

One Ashburton 21st floor, room 1

Boston, MA

Attendees: JudyAnn Bigby (chair), Charlie Baker, David Friedman, Kevin Beagan, Elizabeth Capstick, James Conway, Robert Johnson, Kenneth LaBresh, Shannon Linde, Katharine London, Robert Seifert, Gregory Sullivan. Joseph Lawler participated by phone.

I. Approval of Minutes

The Council approved minutes of its November 7, 2007 meeting, with one addition to item III.B.:

The Council directed staff to draft a revised section 136 for submission to the conference committee, establishing that data submitted to the Council is not a public record under public records law, and that this data could only be publicly released as specified by the Council.

II. Executive Director's Report

- A&F approved an additional \$383,000 disbursement to the Council from the Health Reform Fund.
- The Legislature approved the language the Council submitted to the conference committee amending St. 2006, c58, s.136. The language states that data submitted to the Council is not a public record, and grants the Council statutory authority to restrict release of the data based on the type of data requested, how the data would be used, how the data would be protected, and the format in which results would be released.
- Following MHIC's meeting with health plans on November 8, 2007 some plans have begun submitting test tapes. While the data submission process is moving forward the Council is working to implement legal requirements to protect the data.
- Friday, November 16, 2007 the Health Care Quality and Cost Council held a meeting to discuss Race & Ethnicity data. Presenters Robin Weinick, Nancy Connery, Keith Bell and January Angeles joined over fifty participants representing health plans, hospitals, and providers. Participants discussed ways in

which health plans are and could effectively collect race and ethnicity data. The meeting highlighted many important points and concluded that, most likely, health plans will need to use several strategies to collect race and ethnicity data. The Council staff plans to hold another in this series of meetings in the near future.

III. Items for Discussion

A. Statistical Plan submitted by the Council's Health Claims Data Manager Vendor

The Council reviewed the Statistical Plan submitted by the Council's Health Claims Data Manager vendor, the Maine Health Information Center. Council reviewed a summary of changes to the initial draft and requested that the updated statistical plan along with a summary of changes be posted on the Council's website at <http://www.mass.gov/healthcare>.

- The Council approved the Statistical Plan submitted by the Council's Health Claims Data Manager vendor, the Maine Health Information Center.
- The Council discussed MHIC's process of reporting updates and work progress to the Council. The Council requests that there be open communications with MHIC as the data submission process begins to pick up. In particular, the Council requested more information on the process required to fine a health insurance carrier for non-compliance with the data submission requirement.

B. Emergency Adoption of Regulation 129 CMR 3.00: Disclosure of Health Care Claims Data.

- Staff withdrew this proposed regulation from consideration because the new statutory language precluded the need for this additional protection of the data.
- Staff will work with the Communications and Transparency Committee to develop a draft regulation that sets forth the Council's data disclosure policy under the amended statute.
- A future Council meeting will include a legal presentation to the Council on its data protection obligations under HIPAA and FIPA.

C. Discussion of the health care cost control suggestions raised by Senate President Murray in her speech to the Greater Boston Chamber of Commerce on October 24, 2007

- The Council reviewed the health care cost control suggestions raised by Senate President Murray in her speech to the Greater Boston Chamber of Commerce on

October 24, 2007. The Council lauded Senator Murray for stepping forward with bold proposals in the difficult area of health care cost containment. The Council noted that a number of Senator Murray's suggestions are aligned with the Council's goals.

- Secretary Bigby reviewed the extensive work that EOHHS already has in process in the areas addressed by the Senate President's proposal, including increasing access to primary care and reviewing the strengths and weaknesses of the Determination of Need (DON) program.
- The Council discussed reviewing the recommendations further in its committees.

IV. Presentation: The Risks and Benefits of Public Report Cards for Cardiac Procedures

Frederic Scott Resnic, M.D., M.Sc.

Director, Cardiac Catheterization Lab, Brigham and Women's Hospital

Dr. Resnic presented information and analysis on public reporting of limited quality measures for individual providers. He concluded that:

- Monitoring the quality of cardiac procedures is essential, given the cost and consequences of these services.
 - Historical failure of physicians to adequately police the process
- MA has the most statistically rigorous methods to evaluate risk-adjusted mortality, and is viewed as a model by other states
- Rigorous review of high quality risk-adjusted mortality data is necessary, but not sufficient, to assess the quality of cardiac care delivered in Massachusetts.
- Beyond risk-adjusted mortality, quality must also account for appropriateness of care, access to care, additional health related outcomes of care, and evaluate key processes of care delivered

Dr. Resnic made these recommendations to the Council:

- Implement processes to monitor both appropriateness and access to care
 - Appropriateness: focus on sampling and review of low risk procedures and random reviews of high risk cases avoided by institutions
 - Access to care: monitor treatments according to indices of: sickest patients, poorest, racial mix for geography served by institution, age.
- Develop a list of key performance indicators to evaluate process measures for both CABG and PCI care.
- Eliminate (immediately) public release of operator specific outcomes as this will amplify the risk-aversion behavior demonstrated in other states.
- Preserve rigorous physician level review as implemented by Mass-DAC and MA ACC.